



Quality Improvement in HIV/AIDS Programs

A Case Study for NGOs/CBOs and their Partners





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ZAMBIA INTEGRATED
HEALTH PROGRAMME

Quality Improvement in HIV/AIDS Programs

A Case Study for NGOs/CBOs and their Partners



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Rebecca Furth
Dr. Joyce Lyons
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Initiatives, Inc.
January 2002

Acronyms and Abbreviations

| | |
|------|------------------------------------|
| DHMT | District Health Management Team |
| STI | Sexually Transmitted Infection |
| KAP | Knowledge Attitude and Practices |
| CBO | Community Based Organization |
| NGO | Non-Governmental Organization |
| PIP | Performance Improvement Plan |
| PIR | Performance Improvement Review |
| PLHA | People Living with HIV/AIDS |
| HIV | Human Immunodeficiency Virus |
| AIDS | Acquired Immune Deficiency Virus |
| VCT | Voluntary Counseling and Testing |
| YFC | Youth Friendly Corner |
| ZIHP | Zambia Integrated Health Programme |

ZIHP and the PIR Process

The Zambia Integrated Health Programme (ZIHP) was developed to assist the Government of Zambia to address Zambia's main health problems and to continue the process of health reform. ZIHP has a range of components and objectives. A central focus of the program is to support the institutional development of the Zambian government, NGOs and the private sector to provide quality health care "as close to the family as possible." On a community level, this includes training community health workers and providing grants to NGOs to support community activities. As part of this initiative, ZIHP has trained 18 NGO/CBOs and their partners in quality assurance through the use of the Performance Improvement Review (PIR) Package. Using PIR, NGOs/CBOs and their partners conduct bi-annual program assessments with the assistance of a ZIHP technical advisor. The enthusiasm of NGOs/CBOs and their partners for the PIR process motivated ZIHP to develop this workshop to inform NGOs/CBOs working in other parts of Africa and the world about this performance improvement tool and process.

PIR provides NGOs/CBOs with the tools and guidance needed to carry out effective, internal, rapid reviews. These reviews include four principal steps: planning, data collection, analysis, and the development of program improvement plans. Thus, PIR is designed not merely as an evaluative methodology but a process through which program partners improve their capacity to identify program

strengths and weaknesses, make concrete decisions to address program problems and take action to improve the quality and performance of the program. As a participative exercise that necessitates the involvement of all program partners, PIR also helps strengthen partnerships.

PIR offers a holistic perspective on program systems, considering not only technical issues but management, financial systems, community involvement and attitudes, and partnerships. As a quality assurance tool, PIR is designed to assist program partners to develop and maintain high quality health programs through a routine process of progress assessments. PIR reviews are recommended at regular six-month intervals to enable partners to follow-up on previous problems and actions and develop new plans. In this context, quality assurance focuses on achieving desired health outcomes and ensuring NGO, community and government satisfaction in a cost effective and sustainable manner.

The PIR Package was originally designed as a quality assurance tool for community based family planning programs with the intention that it might be tailored to other community based programs. It has since been adapted for the national primary health care system in Jordan, for a forest co-management program in Guinea and, of course, for six different health program areas in Zambian NGO managed initiatives including: HIV/AIDS, nutrition, malaria, safe motherhood, family planning, and water and sanitation.

General Overview: This case study is designed to familiarize NGOs/CBOs and their partners with the importance of quality, performance standards, and action planning in NGO/CBO program improvement. It details the Performance Improvement Review (PIR) process, a comprehensive methodology for internal monitoring reviews that guides organizations through the steps of defining or recognizing standards, measuring performance, assessing program status and remedying program problems and issues. This methodology is practical and participative; thus fortifying partnerships and building staff capacity to recognize and address problems. The information presented in this case study is compiled from the Zambia Integrated Health Programme's (ZIHP) experience working with NGO/CBO managed HIV/AIDS initiatives in Zambia.

Goals and Objectives of the Case Study:

Goal: To introduce the aim and process of the Performance Improvement Review (PIR) methodology.

Objectives:

- To generate awareness about the relationship among performance standards, routine monitoring and quality assurance (QA);
- To familiarize readers with the Performance Improvement Review process;
- To orient readers the components of the Performance Improvement Review Package;

Case Study

The ASSIST Peer Education Program

Introduction: The NGO and its Goals

Cast:

Mrs. Bemba - ASSIST Manager

Venus - ZIHP Facilitator

Mr. Chimbo - ASSIST Program Officer

After learning that youth aged 15-24 are among the fastest growing group to contract HIV infection, ASSIST, a non-governmental organization, conducted a KAP study in the

four villages it serves. The KAP study determined that although 33% of secondary school students were sexually active, only 7% used condoms. Mrs. Bemba, ASSIST's program manager, was surprised to learn that only 26% of secondary school students could define HIV/AIDS and only 20% could list ways the disease is transmitted or name three safe sex practices. To reach the goal of reducing HIV transmission among youth, ASSIST designed a strategy to improve access to information and services for secondary school students and submitted a proposal for funding to the Zambia Integrated Health Programme (ZIHP).

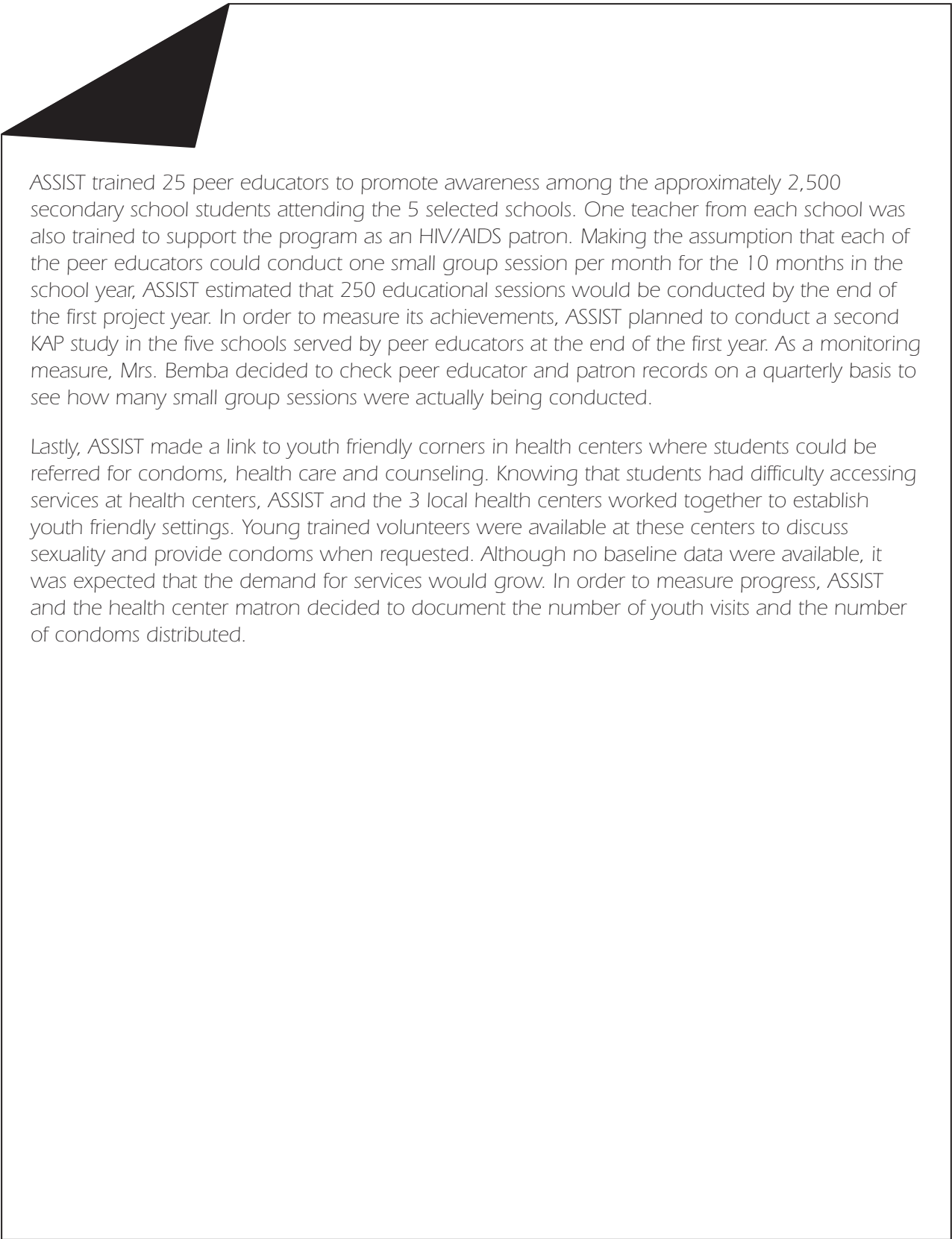
With her colleagues at ZIHP, Mrs. Bemba and her team established the following objectives for the new program.

Key Questions

1. Why did the NGO establish measurable objectives?
2. How do you think these objectives will be useful to the NGO in the year to come?

To increase the proportion of secondary school students who know about HIV/AIDS, its transmission and its prevention to 60% by the end of the first year of the program.

To provide a supply of condoms to sexually active students seeking services at youth friendly corners.



ASSIST trained 25 peer educators to promote awareness among the approximately 2,500 secondary school students attending the 5 selected schools. One teacher from each school was also trained to support the program as an HIV/AIDS patron. Making the assumption that each of the peer educators could conduct one small group session per month for the 10 months in the school year, ASSIST estimated that 250 educational sessions would be conducted by the end of the first project year. In order to measure its achievements, ASSIST planned to conduct a second KAP study in the five schools served by peer educators at the end of the first year. As a monitoring measure, Mrs. Bemba decided to check peer educator and patron records on a quarterly basis to see how many small group sessions were actually being conducted.

Lastly, ASSIST made a link to youth friendly corners in health centers where students could be referred for condoms, health care and counseling. Knowing that students had difficulty accessing services at health centers, ASSIST and the 3 local health centers worked together to establish youth friendly settings. Young trained volunteers were available at these centers to discuss sexuality and provide condoms when requested. Although no baseline data were available, it was expected that the demand for services would grow. In order to measure progress, ASSIST and the health center matron decided to document the number of youth visits and the number of condoms distributed.

Part 1

NGOs/CBOs and the Performance Challenge: Planning Reviews

Mrs. Bemba felt nervous about the planned monitoring visit of the ZIHP facilitator. As the manager for ASSIST's program, she believed that ASSIST was effective in promoting HIV/AIDS prevention messages among young people. Even

so, she was concerned about how her program would appear in the review. During the workshop, where she learned how to conduct the performance improvement review (PIR) process, she was convinced that this engaging methodology involving an organization and its stakeholders in a 4-day internal, systematic review would be interesting and helpful. Now, after 6 months, the first review was beginning.

Mrs. Bemba and Venus, the ZIHP facilitator, carefully selected and oriented the review team. They invited Mr. Chimbo, the program officer, and several representatives from partner organizations and institutions to participate. These partners included the district health management team (DHMT) manager in charge of health education, health center nurses from youth friendly corners in three local health centers and a member of the area school committee.

Together, Mrs. Bemba and Venus collected and photocopied the interview and observation instruments needed for data collection. After arranging for transport to the schools, reserving a local community assembly room for the summary meeting, and arranging for food and materials for participants at the summary meeting Mrs. Bemba's staff completed the logistics. On the first day of the review, the team members met to discuss the plan for the 4-day exercise.

Key Questions

1. What is the purpose of conducting the Performance Improvement Review?
2. What is the reason for involving the health center nurses, district manager and the school committee member to be part of the monitoring process.
3. What are the key steps in planning the Performance Improvement Review?

| Example: Performance Improvement Review Schedule | | | |
|---|--|--|---|
| Day 1 | Day 2 | Day 3 | Day 4 |
| AM <ul style="list-style-type: none"> ▪ Planning meeting PM <ul style="list-style-type: none"> ▪ Manager Interview ▪ Supervisor Interview (Patrons) | AM <ul style="list-style-type: none"> ▪ Peer educator Interviews ▪ Peer educator observes. ▪ Student Interviews PM <ul style="list-style-type: none"> ▪ Peer educator Interviews continued ▪ Peer educator observes. continued ▪ Student Interviews continued | AM <ul style="list-style-type: none"> ▪ Community meetings PM <ul style="list-style-type: none"> ▪ Problem Identification ▪ Discussion of problems & transfer of problem list to PIP ▪ Planning for summary meeting | AM <ul style="list-style-type: none"> ▪ Summary meeting ▪ Peer educator/YFC volunteer record review and education forum PM <ul style="list-style-type: none"> ▪ Summary meeting ▪ Sharing results ▪ Team Performance Improvement Planning |

The team discussed the PIR process, stressing the importance of having information about the program from all those involved so that ASSIST could obtain a clear understanding of both successes and barriers to success that influence performance. They reviewed the PIR conceptual framework, which outlines the five key elements of PIR and their related performance indicators, and noted that the elements include: management and organization, supply system, sustainability, technical competence and community commitment. The team also reviewed the data collection instruments. Mrs. Bemba and the ZIHP facilitator were satisfied that the two schools randomly selected for this initial review would provide an appropriate snapshot of the program. At each school, the patron, 5 peer educators, and 5 students would participate in the review. The five students were selected from the peer educator lists of those involved in HIV/AIDS clubs or HIV/AIDS education sessions.

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Part 2

Data Collection and Analysis

After being interviewed by Venus, Mrs. Bemba joined the district health manager and clinic nurses to interview the five patrons who supervise peer educators. The next day, the PIR team split into two groups each traveling to a local school to interview peer

educators (service providers) and students. While at the schools, the teams also took the opportunity to observe each peer educator as he/she conducted an HIV/AIDS information session. On the morning of the third day, community leaders, parents, and youth were invited to assemble at the school to talk about the peer education program.

In the afternoon of the third day, the data collection team assembled to review the data collection instruments and create a summary of program problems. The team reviewed the instruments for questions that scored less than a perfect score of 2. They then recorded problems on a problem identification sheet. At the end of the afternoon, the team assembled to discuss the problems they had recorded and developed a list of important issues that needed to be addressed for the program to improve.

Key Questions

1. Can you describe the data collection process, its advantages and limitations?
2. What could you learn about service provider competence from the service provider instrument?
3. Why did the team examine the peer educator and YFC registers? How is the information they obtained useful to the NGO and the peer educators?

The team identified the following problems.

- Despite their training, some peer educators were providing inaccurate information about HIV/AIDS transmission by informing fellow students that the virus could be transmitted by sharing food.
- Although patrons were sitting in on HIV/AIDS club meetings, they were not helping peer educators and were not correcting the peer educators when they gave wrong information.
- Peer educators had not referred all students who requested condoms to the youth friendly corners at the local clinics.
- Interviews with students who had participated in peer education sessions suggested that youth wanted more information on sex and sexuality.
- Volunteers at youth friendly corners did not have sufficient condoms to supply students.

The team wrote these problems into the PIR Performance Improvement Plan sheet.

For the ASSIST staff, identifying problems was an emotional task. Mrs. Bemba had to remind herself not to get defensive or try to explain away the problems, but to accept the problems as they were and focus on identifying solutions to help the program improve.

When the team finished identifying qualitative problems they turned to quantitative issues. All 25 peer educators and 5 youth friendly corner volunteers joined the review team for a meeting to discuss their experiences and program results. During this meeting, the review team, peer educators and volunteers used record books to summarize achievements and discuss issues relating to peer educator performance. The following results for the first 6 months* of the program emerged from this analysis:

| Activity | Expected | Actual |
|---|----------|--------|
| Peer education sessions | 100 | 33 |
| # of students visiting YFC for the first time (Dec-Jun) | 412 | 73 |
| Condom Distribution 412 students X 30 condoms | 12,360 | 2,190 |

Some peer educators were meeting their objectives but others were far off target. The YFC volunteers had distributed very few condoms. Team members talked with the peer educators and YFC volunteers and learned that some did not feel comfortable talking about HIV/AIDS issues. YFC volunteers complained that there were rarely condoms in the health center. The team added the low number of peer education sessions, the discomfort of some peer educators, and the supply problems to the PIP. They also used the summary meeting to reinforce peer educator knowledge by conducting a role-play and talking about modes of HIV/AIDS transmission.

* 4 months of school

Example: Service Provider (Peer Educator) Interview

Instrument Objectives

- To assess the training and knowledge of staff delivering technical interventions
- To identify obstacles experienced by service providers in delivering interventions
- To assess the quality of their supervision
- To assess community involvement and support

1. What is the difference between HIV and AIDS?

| Indicator: Knowledge | Score |
|---------------------------------------|--------|
| a) HIV is the virus which causes AIDS | Yes No |
| b) AIDS is the disease caused by HIV | Yes No |

2. How is HIV transmitted?

| Indicator: Knowledge | Score |
|---|--------|
| a) By unprotected sex (not using condoms) | Yes No |
| b) By using unsterile (used before) needles/ sharp instruments | Yes No |
| c) From mother to child during pregnancy, labour & breast-feeding | Yes No |
| d) Through transfusions of blood contaminated with HIV | Yes No |

3. How can the transmission of HIV through sexual activity be prevented?

| Indicator: Knowledge | Score |
|---|--------|
| a) Practising safer sex (using condoms) | Yes No |
| b) Keeping faithful to one uninfected partner | Yes No |
| c) Abstinence | Yes No |

4. How do you help the community learn about HIV & to accept HIV+ people?

| Indicator: Community Involvement | Score |
|---|--------|
| a) Inform other community volunteers? | Yes No |
| b) Hold community awareness meetings | Yes No |
| c) By demonstrating desired behaviours towards HIV+ persons & PLHAs | Yes No |
| d) Mobilise community members to support families with HIV+ persons | Yes No |
| e) Involve HIV+ people in prevention and care programmes | Yes No |

5. Where do you refer students who seek the following services:

| Indicator: Referral | Score |
|---------------------|-------|
|---------------------|-------|

Interviewer should read the list below

- a) Purchase acquisition of condoms _____
- b) STI or reproductive health services _____
- c) HIV/AIDS testing or counselling _____
- d) Other _____

6. Have you received training or one-on-one technical guidance in the following areas?

| Indicator: Training | Score |
|---|--------|
| The interviewer may read the list below, but should seek to confirm the answers by asking for details of the training | |
| a) Basic facts about HIV/AIDS transmission | Yes No |
| b) Basic facts about HIV prevention | Yes No |
| c) Basic facts about care of persons with HIV/AIDS | Yes No |
| d) Issues of stigma and reducing stigma | Yes No |
| e) Maintaining confidentiality of clients | Yes No |
| f) Mother to Child Transmission | Yes No |
| g) Nutritional needs of PLHAs | Yes No |
| h) Counselling & VCT for HIV/AIDS clients & their families | Yes No |
| i) Recognising and meeting needs of caregivers | Yes No |
| j) Caring for common physical/emotional symptoms | Yes No |
| k) Basic home care techniques (including infection prevention) | Yes No |
| l) Other: _____ | Yes No |

7. How often do you meet with your supervisor?

| Indicator: Supervision | Score |
|------------------------|--------|
| a) Every 3 months | Yes No |
| b) Every month | Yes No |
| c) Twice a month | Yes No |
| d) No scheduled times | Yes No |

8. Please describe what activities usually take place during a supervisory visit: (check all that apply)

| Indicator: Supervision | Score |
|---|--------|
| a) Review of service provider records | Yes No |
| b) Observation of peer education session | Yes No |
| c) Discussion of problems faced and solutions | Yes No |
| d) Feedback on performance | Yes No |
| e) Discussion with community about services | Yes No |
| f) Other: _____ | Yes No |

Part 3

Action Planning and Scoring

After the meeting with peer educators, Mrs. Bemba reassembled the team to discuss the performance improvement plan and create a picture of program performance. Venus guided the team through a discussion of each problem listed on the PIP and helped the team identify a desirable outcome and agree upon the steps needed to solve the problem.

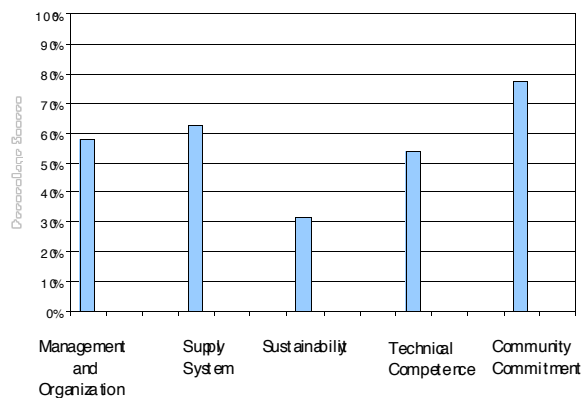
In addition, for each problem and solution the team designated a person responsible for seeing the action through and established a strategy for monitoring the action.

When the PIR team had completed the Performance Improvement Plan, they set out to create a picture of program performance. Scores from each question were transferred to the appropriate PIR score sheet. The team then followed the PIR directions for scoring data and creating a graph of program performance. When the graph was finished, the following results were represented:

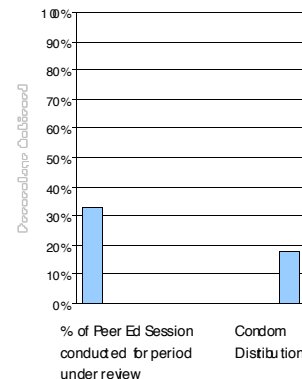
Key Questions

1. Why did the team discuss problems together instead of the NGO manager making a list and plan by herself and delivering the plan to the team?
2. Why did the team identify a person responsible for making sure corrective actions are carried out, a deadline for the action's completion, and a strategy for monitoring the action?
3. What actions did partners take responsibility for? Why is their involvement important?
4. Can you offer an alternative solution or monitoring strategy for one of the problems on the PIP?
5. Why is the performance chart useful to the PIR team?

Qualitative Results



Quantitative Results



■ June 2000

EXAMPLE: Performance Improvement Plan

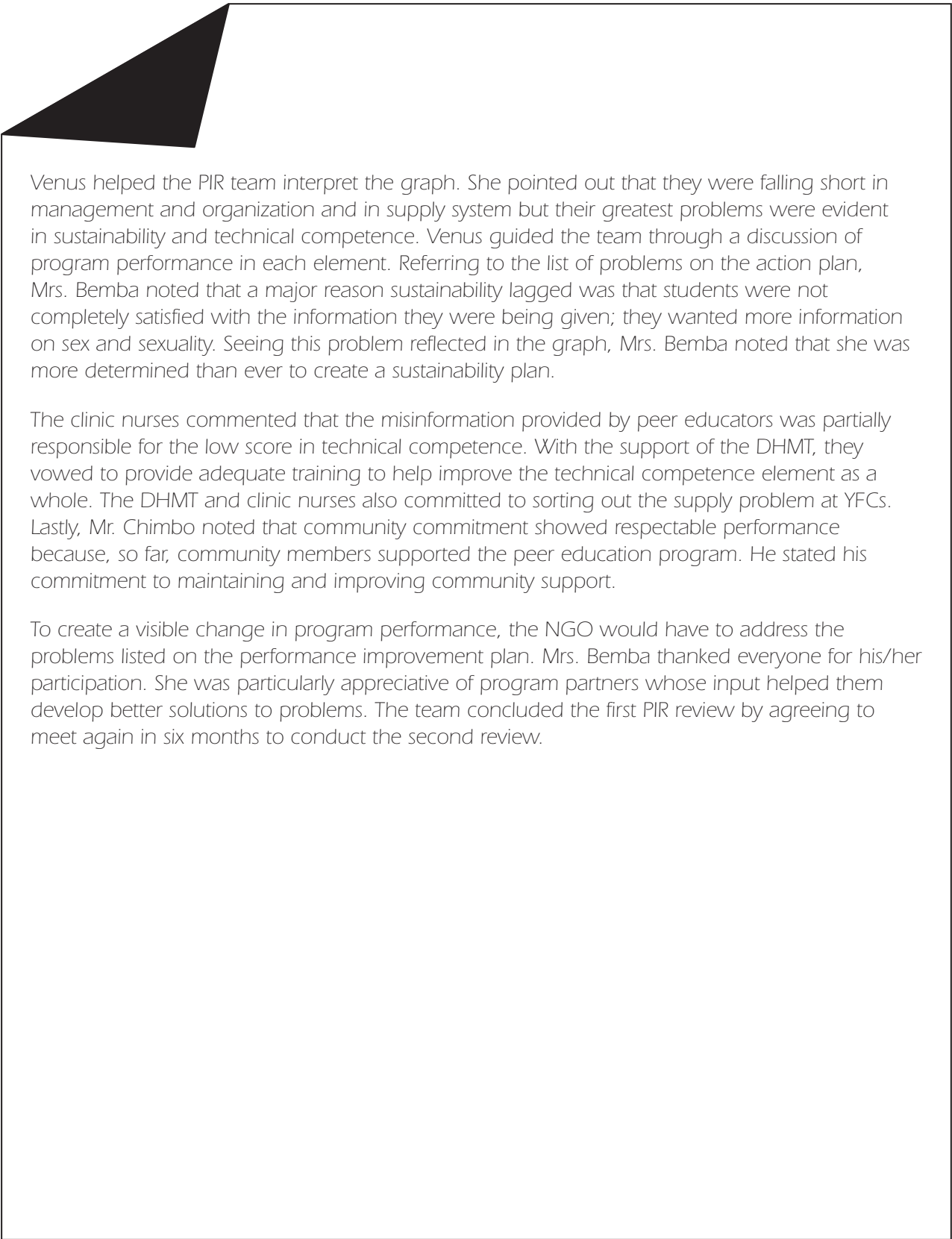
Name of Organization ASSIST Date of PIR Review 2-6 June 2000
 Goal: To improve education, supply and supervision

| Element and Indicator | Problem | Desired Outcome | Proposed Action | Person Responsible | Deadline | Monitoring Strategy |
|--|--|---|---|---|--|--|
| Element: Technical Competence Indicator: Counseling | Peer educators provide misinformation about HIV/AIDS prevention and transmission. | All peer educators provide accurate information about HIV/AIDS transmission and prevention. | Clinic nurses agreed to provide refresher training on HIV/AIDS transmission and prevention for all 25 peer educators. | Mr. Chimbo and Clinic Nurses | 01-08-00 | Clinic nurses to provide training outline including a list of activities and subjects covered during the training to ASSIST. |
| Element: Management and Organization Indicator: Supervision | Patrons do not spend enough time with peer educators going over session plans, observing sessions, or reviewing record books. | All peer educators receive regular support and supervision from patrons. | Patrons review education session plans for each peer educator and review one education session per peer educator per month. Patrons to conduct by-weekly meetings with peer educators. | Patrons Patrons | 10-06-00 10-06-00 | Patrons to supply monthly reports to ASSIST listing the number of activities undertaken and giving an assessment of the progress and work of each peer educator. |
| Element: Management and Organization Indicator: Referral | Peer educators are not referring students to youth friendly corners for condoms or other services for counseling or treatment. | All peer educators referring students to appropriate services. | Peer educators to integrate referral information into all their education sessions. Peer educators to have monthly meetings with study volunteers at youth friendly corners. Youth friendly corners to include questions about referral on forms. | Peer Educators and Patrons Peer Educators and Clinic Nurses Clinic Nurses | 01-07-00 continuous 01-07-00 continuous 01-08-00 | Patrons to observe peer education sessions on a monthly basis. Minutes of monthly meetings between peer educators and YFC volunteers submitted to ASSIST. Completed questions forms evaluated for quarterly reports. |

| Element and Indicator | Problem | Desired Outcome | Proposed Action | Person Responsible | Deadline | Monitoring Strategy |
|---|---|---|--|---|--|--|
| Element: Supply System Indicator: Availability of Supplies | Youth Friendly Corners sometimes run out of condoms. | Youth Friendly Corners to have a constant stock of condoms. | Clinic nurses to review supply ordering system with YFC volunteers. | Clinic Nurses | 01-07-00 | Clinic nurses to review YFC volunteer distribution records and supply requests on a monthly basis and report to DHMT in charge of education. |
| Element: Sustainability Indicator: Client Satisfaction | Although peer educators provide information about HIV/AIDS, its transmission and prevention, students feel they do not get enough information on sex and sexuality. | All students are provided with information about sex and sexuality in addition to technical information about HIV/AIDS. | Train peer educators and YFC volunteers in counseling and teaching about sex and sexuality. Revise the checklist for peer educator observations to include issues about sex and sexuality. School principals to meet with parents and teachers to discuss the addition of sex and sexuality to the peer educator curriculum. | Mrs. Bemba Mr. Chimbo School Board Representative | 01-09-00 01-09-00 15-08-00 | Patrons to review peer educator session plans for issues about sex and sexuality. Principals to meet with ASSIST to explain the outcome of the meeting. |

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Venus helped the PIR team interpret the graph. She pointed out that they were falling short in management and organization and in supply system but their greatest problems were evident in sustainability and technical competence. Venus guided the team through a discussion of program performance in each element. Referring to the list of problems on the action plan, Mrs. Bemba noted that a major reason sustainability lagged was that students were not completely satisfied with the information they were being given; they wanted more information on sex and sexuality. Seeing this problem reflected in the graph, Mrs. Bemba noted that she was more determined than ever to create a sustainability plan.

The clinic nurses commented that the misinformation provided by peer educators was partially responsible for the low score in technical competence. With the support of the DHMT, they vowed to provide adequate training to help improve the technical competence element as a whole. The DHMT and clinic nurses also committed to sorting out the supply problem at YFCs. Lastly, Mr. Chimbo noted that community commitment showed respectable performance because, so far, community members supported the peer education program. He stated his commitment to maintaining and improving community support.

To create a visible change in program performance, the NGO would have to address the problems listed on the performance improvement plan. Mrs. Bemba thanked everyone for his/her participation. She was particularly appreciative of program partners whose input helped them develop better solutions to problems. The team concluded the first PIR review by agreeing to meet again in six months to conduct the second review.

Part 4

Follow-up Reviews, Results and Future Plans

In the months following the first PIR review, Mrs. Bemba and Mr. Chimbo checked on the activities proposed in the PIR Performance Improvement Plan. They made sure that trainings were arranged and carried out, they collected and reviewed monthly reports from

the patrons, they met with the DHMT manager for health education, and they checked in with clinic nurses and peer educators to make sure that they were fulfilling their obligations.

Before the second PIR review, at the end of the first year, Mrs. Bemba and Mr. Chimbo hired a research organization to conduct a second KAP study. The study determined that:

Key Questions

1. In what areas had the program improved since the first review? What were the actions that contributed to these improvements?
2. What problems persisted?
3. How did the second review help the NGO and its partners understand program progress? How do you think additional reviews will help the program improve further?
4. How do you think the PIR process could be useful to your organization?

43% of secondary school students could define HIV/AIDS and

41% of secondary school students were able to list major modes of transmission and note three safe sex practices.

These results were well below the program objective of 60%; however, ASSIST believed that the actions they were taking would move the program in the right direction. Mrs. Bemba and Mr. Chimbo decided to share these results with their partners during the second review. While they were disappointed, they hoped to reach their objective of 60% by the end of the second year.

Mrs. Bemba got ready for ASSIST's second PIR review. She contacted all the partners and invited them to participate again. She organized the instruments and made sure they were copied and in

Objective 1 for year 2: To improve knowledge of HIV/AIDS, its transmission and prevention to 60% of school students by the end of the second year of the program.

order. The team assembled on the first day of the PIR to review the previous performance improvement plan and discuss data collection logistics. For this review, the team decided to go to two schools they had not visited during the first review. They interviewed the five peer educators in each school and observed each of these peer educators conducting HIV/AIDS information sessions. In addition, they spoke with five students in each school to see if satisfaction with the HIV/AIDS education services had improved. The team also conducted community meetings in each of the two school communities and repeated interviews with the program manager and all five patrons.

Even if problems still presented obstacles to program performance, the team was proud of the improvements they had made to the program. They created a new performance improvement plan that addressed the new problems and issues identified during the review. In this plan, the patrons and school principles agreed to conduct meetings with parents and teachers to explain the sex education curriculum, to address concerns and to promote more support for the program. To ensure the financial sustainability of the program, Mrs. Bemba committed herself to initiating an income-generating project. Patrons agreed to work closely with peer educators who still experienced problems discussing sensitive topics. Mr. Chimbo suggested that patrons sit in on peer educator sessions every other week, rather than every week, to open up some time for them to fulfill other obligations. The team agreed that this was a satisfactory solution and inscribed it on the PIP.

When the team had finished conducting all the interviews and observations, they scored each instrument question and recorded problems on the problem identification sheet. This review showed substantial improvements. The peer educators no longer gave misinformation on HIV/AIDS transmission. They also noted that their patrons spent more time with them and

gave them better support. Peer educators had consistently discussed services offered at the youth friendly corners, including free condom distribution, at their education sessions. However, some peer educators were still confused about where to refer fellow students for condoms or other health services. Others were still having trouble talking about sensitive issues, particularly with the introduction of sex and sexuality into the curriculum. Furthermore, patrons complained of time constraints and some community members, including schoolteachers, were concerned about sex and sexuality being openly discussed in the schools.

The team also calculated the following results from peer educator records for the six-month period between the first and second reviews.

| Activity | Expected | Actual |
|---|----------|--------|
| Peer education sessions | 150 | 97 |
| # of students visiting YFC for the first time (Jun-Dec) | 413 | 114 |
| Condom Distribution 413 students X 30 condoms | 12,390 | 3,420 |

The total for the first year of the project was calculated as follows:

| Activity | Expected | Actual |
|--|----------|--------|
| Peer education sessions | 250 | 130 |
| # of students visiting YFC for the first time year total | 825 | 187 |
| Condom Distribution 825 students X 30 condoms | 24,750 | 5,610 |

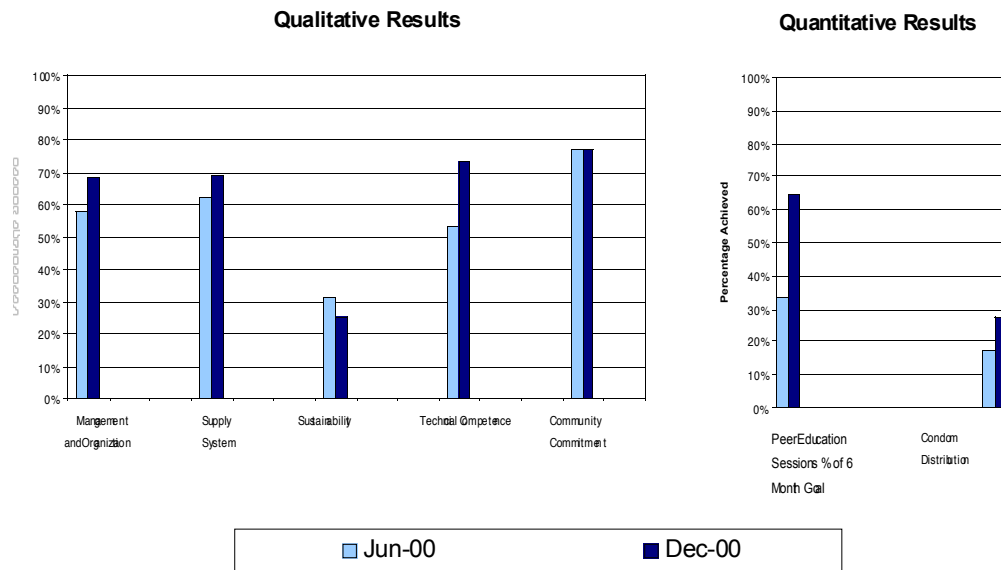
The data indicated that peer educators were doing better but were still falling short of target. Mrs. Bemba recognized that peer education sessions had to be more regular before she decided to expand the program. She and Mr. Chimbo decided to maintain the goal of one peer education session per month for each peer educator for the second year of the program. If the peer educators did better in year two, then they might consider expanding the program.

Youth Friendly Corner volunteers were still having problems with condom supplies. Mrs. Bemba, the clinic nurses and the DHMT arranged a special meeting to discuss the problem. They highlighted the fact that only 5,610 condoms had been distributed and that the registers at

youth friendly corners suggested that 187 students visited the corners throughout the year. Based on this information, Mrs. Bemba and Mr. Chimbo set the same objective for condom distribution for year 2.

Objective 2 for year 2: To provide a supply of condoms to sexually active students seeking services at youth friendly corners.

As they had done in the first review, the team calculated the average scores for each of the program indicators and compiled percentage scores for the program elements.



They found that although the program still experienced problems, they had made small gains in management and organization, supply system, and technical competence. Despite improvements in client satisfaction, program sustainability declined a bit because the organization needed to plan for future training and support of peer educators. Community commitment remained unchanged.

The team agreed to meet in another six months with the hope that their efforts would continue to guide the program forward.

